06/02/2009 18:23

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 0 1 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 06 02 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:		To: 0 1 3 1 2 0 0 7
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Ž00Ž Y Y Y		9164.06
(b) Cash on Hand at Begining of Reporting Period	9164.06	
(c) Total Receipts (from Line 19)	64779.22	64779.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73943.28	73943.28
Total Disbursements (from Line 31)	48352.83	48352.83
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25590.45	25590.45
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
the committee (Itemize all on Schedule C and/or Schedule D)	65562.72	
This Committee has qualified as a multicanding	date committee. (see FEC FORM 1M)	
-	For further information contact:	
	Federal Election Commission 999 E street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:	0 1 2 0 0 7 T	O: 0 1 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	43600.00	43600.00
(ii) Unitemized	19366.00	19366.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62966.00	62966.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	50.00	50.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	63016.00	63016.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1763.22	1763.22
18. Transfers from Non-Federal and Levin Fund	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	64779.22	64779.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64779.22	64779.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	35109.49	35109.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	35109.49	35109.49
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	13243.34	13243.34
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	13243.34	13243.34
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48352.83	48352.83
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	48352.83	48352.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	63016.00	63016.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	63016.00	63016.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35109.49	35109.49
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	35109.49	35109.49

FE6AN026

Form/Schedule: F3XA

Transaction ID:

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE.

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38 (check only one) X
,	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	ngressional C	ommittee	
۷.	Full Name (Last, First, Middle Initial) Mariann Appley			Date of Receipt
	Mailing Address 2 Commonwealth Ave	enue		01 / 18 / 2007
	City Boston	State MA	Zip Code 02116	Transaction ID: 70131.C163177 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Artist	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
	Full Name (Last, First, Middle Initial) Janet Bayley			Date of Receipt
	Mailing Address 1002 Paradise Rd DO NOT MAIL			01 30 2007
	City	State	Zip Code	Transaction ID: 70131.C163543
	Swampscott	MA	01907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Homemaker	Occupatio Homema		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Robert Brace	1		Date of Receipt
	Mailing Address 9 Jackson Pond			M M / D D / Y Y Y Y Y Y Y Z 0 0 7
	City Dedham	State MA	Zip Code 02026	Transaction ID: 70131.C163442
	FEC ID number of contributing federal political committee.	C	02026	Amount of Each Receipt this Period 400.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
		1		1600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
Massachusetts Republican State Co	ngressional Committee	
Full Name (Last, First, Middle Initial) Michael Cimini Mailing Address 8 Sidney Rd.		Date of Receipt
City	State Zip Code	0 1 1 8 2 0 0 7 Transaction ID: 70131.C163247
Sturbridge	MA 01566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Yankee Spirits	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Cornish Mailing Address 106 Clyde St.		Date of Receipt
		01 11 2007
City Newton	State Zip Code MA 02467	Transaction ID: 70111.C163102
FEC ID number of contributing federal political committee.	MA 02467	Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) Darrell Crate		Date of Receipt
Mailing Address 820 Hale Street		0 1 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Beverly	State Zip Code MA 01915	Transaction ID: 70131.C163487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15000.00
Name of Employer Affiliated Managers Group	Occupation CFO	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	
SUBTOTAL of Receipts This Page (optional)		15700.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Michael Cronin Mailing Address 72 Cliff Rd. City Weston	State MA	Zip Code 02493	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Weston Presidio Receipt For: □ Primary □ General □ Other (specify) ▼		on Capitalist e Year-to-Date ▼ 10000.00	Receipt
- 3.	Full Name (Last, First, Middle Initial) Wesley Eaton Mailing Address 304 Brooksby Village Unit 308 City Peabody FEC ID number of contributing federal political committee. Name of Employer Retired	Drive State MA C Occupation Retired	Zip Code 01960	Date of Receipt M M / D D / Y Y Y Y Y O 1 3 0 2 0 0 7 Transaction ID: 70131.C163544 Amount of Each Receipt this Period 2500.00 Receipt
_	Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) John Glaser Mailing Address 13 Putter Drive City Acton	Aggregate State MA	Zip Code 01720-4221	Date of Receipt M M M / D D / Y Y Y Y Y 0 1 3 0 2 0 0 7 Transaction ID: 70131.C163545 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer partners health care Receipt For: Primary General Other (specify)	Occupation CIO Aggregate	e Year-to-Date ▼ 200.00	Receipt 200.00
	SUBTOTAL of Receipts This Page (optional) .			12700.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one) X
	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	ngressional Committee	
Full Name (Last, First, Middle Initial) Frank Granara Mailing Address 95 Shrine Rd.		Date of Receipt
City	State Zip Code	0 1 0 5 2 0 0 7 Transaction ID: 70108.C163028
Norwell FEC ID number of contributing	MA 02061	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer GIC	Occupation	Receipt
Receipt For: Primary General Other (specify)	President Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ralph Hawkins Mailing Address 150 High St.		Date of Receipt
City	State Zip Code	0 1 2 3 2 0 0 7 Transaction ID: 70131.C163314
Canton FEC ID number of contributing federal political committee.	MA 02021	Amount of Each Receipt this Period 500.00
Name of Employer Hawkins Aero Engineering	Occupation Engineer	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) William Hofmann		Date of Receipt
Mailing Address 223 Rutledge Road		01 30 7 2007
City Belmont	State Zip Code MA 02478	Transaction ID: 70131.C163542 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation insurance agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) William Katz			Date of Receipt
	Mailing Address 11 Sunset Rd			01 18 7 2007
	City Weston	State MA	Zip Code 02493	Transaction ID: 70131.C163179 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer lonics Inc.	Occupation Chemica	n I Engineer	Receipt
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 200.00	
_	Full Name (Last, First, Middle Initial) Edward Michaud			Date of Receipt
	Mailing Address 12 Highland St.			01 30 7 2007
	City	State	Zip Code	Transaction ID: 70131.C163489
	Weston	MA	02493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthodor		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) George Marshall Moriarty			Date of Receipt
	Mailing Address 214 Heath Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Newton	State MA	Zip Code 02467	Transaction ID: 70131.C163493 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02.07	500.00
	Name of Employer Ropes & Gray	Occupation Attorney	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/38 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lovett Peters Mailing Address 81 Old Orchard Rd. City Newton FEC ID number of contributing federal political committee. Name of Employer Pioneer Institute Receipt For: Primary General Other (specify)	State Zip Code MA 02467 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Frank Pickering Mailing Address 18 Strawberry Hill Lan City Danvers FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	e State Zip Code MA 01923 C Occupation Retired Aggregate Year-to-Date 200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Arthur Ryan Mailing Address 119 Mt. Pleasant Ave. City Gloucester FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MA 01930 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	2200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) Richard Silverman			Date of Receipt
	Mailing Address 18 Bonnybrook Rd.			01 19 2007
	City Newton	State MA	Zip Code 02468	Transaction ID: 70131.C163278 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02.00	100.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 100.00	
_	Full Name (Last, First, Middle Initial) Richard Silverman			Date of Receipt
	Mailing Address 18 Bonnybrook Rd.			0 1 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 70131.C163277
	Newton	MA	02468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		200.00	
	Full Name (Last, First, Middle Initial) Nancy Steinmann			Date of Receipt
	Mailing Address 220 Boylston St.			0 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 70131.C163541
	Boston FEC ID number of contributing federal political committee.	C	02116	Amount of Each Receipt this Period 1000.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Republican State C	ongressional Committee	
Full Name (Last, First, Middle Initial) Thomas Tierney Mailing Address 45 Old Farm Rd.		Date of Receipt
City	State Zip Code	0 1 3 0 2 0 0 7 Transaction ID: 70131.C163492
Wellesley	MA 02481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Bridgespan	Occupation Chairman	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Michael Vilbert Mailing Address 11 Summer Street		Date of Receipt
Mailing Address 11 Summer Street		01 18 2007
City	State Zip Code	Transaction ID: 70131.C163178
Lexington	MA 02420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00]
Full Name (Last, First, Middle Initial) Peter Voss		Date of Receipt
Mailing Address One Charles Street Apt 7-H		01 30 7 2007
City	State Zip Code	Transaction ID: 70131.C163540
Boston FEC ID number of contributing federal political committee.	MA 02116	Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona	l)	6200.00
TOTAL This Period (last page this line num	•	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/38								
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 12								
			Detailed Summary Page	13 14 15 16 17								
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.								
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
\rangle	Massachusetts Republican State Congre	essional C	ommittee									
	Full Name (Last, First, Middle Initial) George Young			Date of Receipt								
	Mailing Address 235 Walker St. Apt 252			01 18 2007								
	City	State	Zip Code	Transaction ID: 70131.C163176								
	Lenox	MA	01240	Amount of Each Receipt this Period								
	FEC ID number of contributing	С		300.00								
	federal political committee.	C										
	Name of Employer Retired	Occupation Retired	n	Receipt								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00									

SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number only)	•	43600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) Massachusetts Republican State C	ongressional C	ommittee	
Full Name (Last, First, Middle Initial) Committee to Elect Robert Hargraves Mailing Address PO Box 848 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Groton FEC ID number of contributing federal political committee.	MA C	01450	Amount of Each Receipt this Period 50.00
Name of Employer Campaign Committee Receipt For: Primary General Other (specify) ▼	Occupatio CPF#128 Aggregate		Receipt

SUBTOTAL of Receipts This Page (optional)	>	50.00
TOTAL This Period (last page this line number only)	•	50.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Massachusetts Republican State Co	ngressional Committee	
Full Name (Last, First, Middle Initial) The Commonwealth PAC		Date of Receipt
Mailing Address Spencer Zwick PO Box 151		01 18 2007
City	State Zip Code	Transaction ID: 70131.C163169
Boston	MA 02117-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	881.61
Name of Employer PAC	Occupation FEC ID: C000403022	Other Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	881.61	Note: payment for office space rental
Full Name (Last, First, Middle Initial) The Commonwealth PAC - Iowa		Date of Receipt
Mailing Address 45 School Street 2nd Floor		01 18 2007
City	State Zip Code	Transaction ID: 70131.C163172
Boston	MA 02108-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	317.38
Name of Employer	Occupation	Other Receipt
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	317.38	Note: payment for office space rental
Full Name (Last, First, Middle Initial) The Commonwealth PAC - Michigan		Date of Receipt
Mailing Address 45 School Street 2nd Floor		0 1 1 8 2 0 0 7
City	State Zip Code	Transaction ID: 70131.C163173
Boston	MA 02108-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	317.38
Name of Employer	Occupation	Other Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	317.38	Note: payment for office space rental
Other (specify) ▼		
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		1516.37

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 18/38							
ITEMIZED DISBURSEMENTS	for each category of the	(check only	<u> </u>			☐ 26				
	Detailed Summary Page	27	28a 28b	\square	25 29	30b				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam						s				
NAME OF COMMITTEE (In Full)										
Massachusetts Republican State Congres	sional Committee									
Full Name (Last, First, Middle Initial) SCM Associates			Transaction II Date of Disbur		.E11231					
Mailing Address Steve Meyers 1283 Main Street			01 / 0	25 / Y	ž 0 0 .	7 ^Y				
City Dublin	State Zip Code NH 03444-		Amount of Eac	h Disburse	ment this	Period				
Purpose of Disbursement Payment of debt for direct mail - party related non	FEA	•			79.82	2				
Candidate Name	C	Category/ Type								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		PAYMENT O MAIL - PAR FEA	F DEBT F TY RELAT	OR DIR	ECT N				
Full Name (Last, First, Middle Initial)			Transaction II	n· 70215	F9545					
SCM Associates			Date of Disbur	sement	.20010					
Mailing Address Steve Meyers 1283 Main Street			01 / 0	25 / Y	žoŏ	7 ^Y				
City Dublin	State Zip Code NH 03444-		Amount of Eac	ch Disburse						
Purpose of Disbursement Payment of debt for direct mail - party related non	FFA	•			1063.9	1				
Candidate Name		Category/ Type								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		PAYMENT O MAIL - PAR FEA	F DEBT F TY RELAT	OR DIR	ECT N				
Full Name (Last, First, Middle Initial)			Transaction II	D. 70215	E0551					
Rhonda Avola			Date of Disbur		.⊑9551					
Mailing Address 306 Main St. Unit 10			01 / 0	29 / Y	ž 0 0	7 ^Y				
City Melrose	State Zip Code MA 02176-		Amount of Eac	h Disburse	ment this	Period				
Purpose of Disbursement		•			1683.00)				
Administration Services Non-FEA no federal cand Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)		ADMINISTRA NON-FEA NO ATE	ATION SE D FEDER	RVICES AL CANI	DID-				
State: District:			•		2826.73	3				
SUBTOTAL of Disbursements This Page (optional)		<u></u>			2020.7	•				

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SCHEDULE B (FEC Form 3X)	Harasanala I. I.I.()	FOR LINE	NE NUMBER: PAGE 19/38							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)							
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b						
Any Information copied from such Reports and Staten	 nents may not be sold or used by									
or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) Maeve Bowman			Transaction ID: Date of Disburse	70215.E9549 ement						
Mailing Address 404 Commercial St. Apt	2		01 2	9 7 2007						
City Boston	State Zip Code MA 02109-		Amount of Each	Disbursement this Period						
Purpose of Disbursement Administration Services Non-FEA no federal cand	date			891.00						
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)		ADMINISTRAT NON-FEA NO ATE	TION SERVICES FEDERAL CANDID-						
State: District:										
Full Name (Last, First, Middle Initial) Cambridge Offset Printing			Date of Disburse							
Mailing Address 56 Creighton Street			01 2	5 7 2007						
City Cambridge	State Zip Code MA 02140-		Amount of Each	Disbursement this Period						
Purpose of Disbursement general printing non-fea no federal candidate	Г	•		1727.25						
Candidate Name	C	Category/								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		GENERAL PR NO FEDERAL	INTING NON-FEA CANDIDATE						
Full Name (Last, First, Middle Initial)			Transaction ID:	70118.E9512						
Hui Jojo Deng			Date of Disburse							
Mailing Address 117 Beaconsfield Road			01 0	^D 4 2 0 0 7 Y						
City Brookline	State Zip Code MA 02445-		Amount of Each	Disbursement this Period						
Purpose of Disbursement				445.50						
Accounting Service- general accounting non-fea Candidate Name	C	Category/ Type								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		ACCOUNTING AL ACCOUNT	SERVICE- GENER- ING NON-FEA						
				3063.75						
SUBTOTAL of Disbursements This Page (optional)		······ <u>P</u>		3,000.0						

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SCHEDULE B (FEC Form 3X)	Hannamate b d-1-/->	FOR LINE	IE NUMBER: PAGE 20 / 38							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	r one)							
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b							
Any Information copied from such Reports and State	nents may not be sold or used by									
or for commercial purposes, other than using the nan										
NAME OF COMMITTEE (In Full)										
/ Massachusetts Republican State Congres	sional Committee									
Full Name (Last, First, Middle Initial) DirecTV DirecTV			Transaction ID: 70131.E9533 Date of Disbursement							
Mailing Address PO Box 60036			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$							
City Los Angeles	State Zip Code CA 90060-0036		Amount of Each Disbursement this Period							
Purpose of Disbursement Cable Services	Г	•	299.80							
Candidate Name		Category/ Type								
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		CABLE SERVICES							
Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E9534							
Federal Express (Fed Ex)			Date of Disbursement							
Mailing Address PO Box 371461			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $							
City Pittsburgh	State Zip Code PA 15250-		Amount of Each Disbursement this Period							
Purpose of Disbursement Express Mail			100.09							
Candidate Name		Category/ Type								
Office Sought: Senate President State: Disburs	ement For: Primary General Other (specify)		EXPRESS MAIL							
Full Name (Last, First, Middle Initial)			Transaction ID: 70215.E9546							
Federal Express (Fed Ex)			Date of Disbursement							
Mailing Address PO Box 371461			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$							
City Pittsburgh	State Zip Code PA 15250-		Amount of Each Disbursement this Period							
Purpose of Disbursement		•	220.08							
Express Mail Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)		EXPRESS MAIL							
State: District:										
SUBTOTAL of Disbursements This Page (optional)		<u></u>	619.97							

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SCHEDULE B (FEC Form 3X)		. 1	FOR LIN	E NUMBE	R·	P	AGE	21 / 3	38	
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	' <u> </u>	(check o	nly one)						
	Detailed Summary Page		X 21b 27	22 28a	23 28b	24 28c	Н	25 29	Н	26 30b
Any Information copied from such Reports and Statem	ents may not be sold or use	d by ar	ny persor	for the pu	rpose of s	oliciting c	ontrib	utions		
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica	al comm	nittee to s	solicit contr	ibutions fr	om such o	comm	nittee		
Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) Fleet Bank					action ID of Disburs		5.E95	559		
Mailing Address 100 Federal Street				0 1	M / D	31	ž	0 ŏ 7	, ^Y	
•	State Zip Code MA 02110-			Amou	nt of Each	n Disburse	-	-	-	d
Purpose of Disbursement Bank Service Fee							(69.00		_
Candidate Name			egory/ ype							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			BANK	(SERVI	CE FEE				
Full Name (Last, First, Middle Initial)				Trans	action ID	: 70215	5.E95	547		
Garage Government Center					of Disburs					
Mailing Address 50 New Sudbury Street				0 ^M 1	M / D	29 /	ž	0 ŏ 7	, Y	
City Boston	State Zip Code MA 02114-			Amou	nt of Each	Disburse	ement	this F	Period	d
Purpose of Disbursement Parking	02111						180	00.00		
Candidate Name			egory/ ype							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	•		PARK	(ING					
Full Name (Last, First, Middle Initial)				Trans	action ID	: 70118	3.F95	511		
HPH Inc. Harvard Pilgram Heal				Date of	of Disburs	ement				
Mailing Address 1200 Crown Colony Dr.				0 ^M 1	M / D	04	ž	0 ŏ 7	, Y	
	State Zip Code MA 02169-			Amou	nt of Each	Disburse	ement	this F	Period	d
Purpose of Disbursement	02103		-	1 [292	23.47		
Health Insurance Candidate Name		Cat	egory/							
Candidate Name			ype							
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)			HEAL	TH INSU	JRANCE	-			
State: District:				_						
SUBTOTAL of Disbursements This Page (optional)			•				479	2.47		

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SCHEDULE B (FEC Form 3X)	Hee constraints asked 4-7-1	FOR LINE	NE NUMBER: PAGE 22 / 38						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	-						
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b					
Any Information copied from such Reports and Staten	□ nents may not be sold or used by								
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
/ Massachusetts Republican State Congres	sional Committee								
Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal			Transaction ID: Date of Disburser	nent					
Mailing Address 1200 Crown Colony Dr.			01 / 25	2007					
City Quincy	State Zip Code MA 02169-		Amount of Each [Disbursement this Period					
Purpose of Disbursement Health Insurance		•		1898.48					
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		HEALTH INSUF	RANCE					
Full Name (Last, First, Middle Initial)			Transaction ID:	70215.E9542					
Samantha Levine			Date of Disburser						
Mailing Address 15 Oak St.			01 2 5	2007					
City Chestnut Hill	State Zip Code MA 02467-		Amount of Each D	Disbursement this Period					
Purpose of Disbursement Reimbursment for Room rental for State committee	e meeting			393.41					
Candidate Name		Category/ Type							
Office Sought: House Disbursi Senate President State: District:	ement For: Primary General Other (specify)		REIMBURSMEN TAL FOR STAT MEETING	NT FOR ROOM REN- E COMMITTEE					
Full Name (Last, First, Middle Initial)			Transaction ID:	70215 F0555					
Merchants Bankcard			Date of Disburser						
Mailing Address Fleet Bank 100 Federal Street			01 02	2 2007					
City Boston	State Zip Code MA 02110-		Amount of Each [Disbursement this Period					
Purpose of Disbursement				116.99					
Credit Card Fee Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify)		CREDIT CARD	FEE					
State: District:									
SUBTOTAL of Disbursements This Page (optional)		>		2408.88					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 23 / 38							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	آ أ		nly one) 22	_	7 23	☐ 24	Г	7 25	☐ 26	
	Detailed Summary Page	ΙĤ	27	—	- 3a	28b	280	,	29	30b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)	e and address of any political co	OHIHILL	.00 3	Olicit C	OHUHDI	utions n	OIII SUCI	COIII	millec		
Massachusetts Republican State Congres	sional Committee										
Full Name (Last, First, Middle Initial) Merchants Bankcard						ction ID	: 7021	5.E9	9556		
					M M	/ D	D /	Y	ž 0 Ŏ	, Y	
Mailing Address Fleet Bank 100 Federal Street) 1) Ž	_			
City Boston	State Zip Code MA 02110-			Ar	nount	of Each	n Disburs	eme			
Purpose of Disbursement Credit Card Fee									25.0	0	
Candidate Name	-	Catego	•								
Senate President	ement For: Primary General Other (specify)			CF	REDIT	Γ CARI	D FEE				
State: District:											
Full Name (Last, First, Middle Initial) Merchants Bankcard					ate of	Disburs					
Mailing Address Fleet Bank 100 Federal Street) 1	/ D	1 6 /	Y 2	ž 0 ŏ	7 ^Y	
City Boston	State Zip Code MA 02110-			Ar	nount	of Each	n Disburs			•	
Purpose of Disbursement Credit Card Fee		-							100.0	0	
Candidate Name		Catego Type	-								
Senate President	ement For: Primary General Other (specify)			CF	REDIT	Γ CARI	D FEE				
State: District:											
Full Name (Last, First, Middle Initial) Konica Minolta Business Systems				Da	ate of	Disburs				V	
Mailing Address P.O. Box 7247-0322) 1	2	29 /	1	žoŏ	7	
City Philadelphia	State Zip Code PA 19170-0322			Ar	nount	of Each	Disburs	eme	nt this	Period	
Purpose of Disbursement	Г		-						965.6	0	
Copier Rental Candidate Name		Catego Type									
Senate President	ement For: Primary General Other (specify)			CC	PIE	R REN	TAL				
State: District:											
SUBTOTAL of Disbursements This Page (optional)								10	90.6	0	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 24 / 38 only one)								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	21b 27	22	22 23 28a 28b				25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny perso	n for the p		e of so			outions			
NAME OF COMMITTEE (In Full)	c and address of any pointear	COITIII	initioe to	3011011 COITE	iibuti	0113 110	3111 30011 0	,01111	TIILLOC			
Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) Ox-Eye Properties						on ID:	70131 ement	.E9	526			
Mailing Address c/o Massey & Co.				0 ^M 1	M	^D 0	8 / Y	Ž	0 0 7	7 ^Y		
,	State Zip Code			Amo	unt of	Each	Disburse	mer	t this I	Period		
Boston Purpose of Disbursement	MA 02114-							60	33.34	1		
Rent Candidate Name			egory/									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		71	REN	Г							
Full Name (Last, First, Middle Initial)				Tues	41	ID.	70015		EEO			
Ox-Eye Properties						sburse				V		
Mailing Address c/o Massey & Co. 85 Merrimac Street				0 1	,	້2	9 /	2	0 ŏ 7	7 '		
City Boston	State Zip Code MA 02114-			Amo	unt of	Each	Disburse	mer	t this I	Period		
Purpose of Disbursement Rent				7 L.				55	23.67	7		
Candidate Name			egory/ ype									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			REN'	Τ							
Full Name (Last, First, Middle Initial)				Tron	no oti	on ID:	70220		570			
Paychex/InterPay						sburse	ement			V		
Mailing Address PO Box 8295				0 1	IVI /	1	0 /	2	o ŏ 7	7 '		
City Boston	State Zip Code MA 02266-			Amoi	unt of	Each	Disburse	mer	t this I	Period		
Purpose of Disbursement Payroll Service				L.	_			1	51.25	5		
Candidate Name			egory/ ype									
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)			PAYI	ROLI	L SEF	RVICE					
State: District:												
SUBTOTAL of Disbursements This Page (optional)			▶					17	08.26	5		

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ago# 20002207110			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) Paychex/InterPay			Transaction ID: 70118.E9519 Date of Disbursement
Mailing Address PO Box 8295			$\begin{bmatrix} 0 & 1 & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
,	State Zip Code MA 02266-		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll - Taxes			3564.98
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		PAYROLL - TAXES
Full Name (Last, First, Middle Initial) Paychex/InterPay			Transaction ID: 70220.E9580 Date of Disbursement
Mailing Address PO Box 8295			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix} $
,	State Zip Code MA 02266-		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Services-401 K			160.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		PAYROLL SERVICES-401 K
State: District:			
Full Name (Last, First, Middle Initial) Paychex/InterPay			Transaction ID: 70131.E9532 Date of Disbursement
Mailing Address PO Box 8295			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & D \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{bmatrix}$
	State Zip Code MA 02266-		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll -Taxes			2750.28
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		PAYROLL -TAXES
State: District:	- (-p J) V		
SUBTOTAL of Disbursements This Page (optional) .			6475.26

TOTAL This Period (last page this line number only)

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)						PAGE 26/38				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22 28a	23 28b	24 28c	25 29	26 30k			
	ny Information copied from such Reports and Statem for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	<u> </u>			note oontrik	outone me		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<u> </u>	Full Name (Last, First, Middle Initial) Paychex/InterPay					ction ID:		.E9558				
	Mailing Address PO Box 8295				0 1	[/] 3	D / Y	žoŏ	7 ^Y			
	City Boston	State Zip Code MA 02266-			Amoun	t of Each	Disburse					
	Purpose of Disbursement Payroll Taxes Candidate Name			otogon/				12.0	0			
		ment For:		ategory/ Type	D 4 \ / D /		·=0					
	Senate President State: District:	Primary General Other (specify) ▼			PAYRO	OLL TAX	.ES					
 B.	Full Name (Last, First, Middle Initial) Ruth Rice					ction ID:		.E9541				
	Mailing Address 30 Fernview Apt 1				0 1	[/] 2	5 / Y	žoŏ	7 ^Y			
	City North Andover	State Zip Code MA 01845-			Amoun	t of Each	Disburse					
	Purpose of Disbursement Reimbursement for parking travel food Candidate Name							53.8	0			
		ment For:		ategory/ Type	D.E.V. 40				<i>(</i>), (
	Senate President State: District:	Primary General Other (specify) ▼			TRAVE	SURSEM EL FOOD	ENT FC	JK PAKI	KING			
 C.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile				Date of	ction ID: Disburse	ment	.E9552				
	Mailing Address PO Box 790047				01	[/] ^D 2	9 / [žoŏ	7			
	Saint Louis	State Zip Code MO 63179-			Amoun	t of Each	Disburse	ment this	• • •			
	Purpose of Disbursement Phone Service Candidate Name			ategory/ Type				807.3	0			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	<u> </u>	75~	PHON	E SERVI	CE					
Г	State: District:	· · · · · · · · · · · · · · · · · · ·							• • •			
s	SUBTOTAL of Disbursements This Page (optional)			>	<u> </u>	• • • •		873.3	8			
т	OTAL This Period (last page this line number only)			•								

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SCHEDULE B (FEC Form 3X)	FOR LINE		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) Verizon			Transaction ID: 70215.E9553 Date of Disbursement
Mailing Address P.O. Box 1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
City Worcester	State Zip Code MA 01654-		Amount of Each Disbursement this Period
Purpose of Disbursement Phone			462.17
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		PHONE
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 70215.E9554
Verizon Internet Services			Date of Disbursement O 1
Mailing Address PO Box 101096			01 29 7 2007
City Atlanta	State Zip Code GA 30392-		Amount of Each Disbursement this Period
Purpose of Disbursement Internet Services			767.62
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		INTERNET SERVICES
Full Name (Last, First, Middle Initial) Robert Willington			Transaction ID: 70215.E9540
Mailing Address 12 Arlington Street			Date of Disbursement O 1
	State Zip Code		Amount of Each Disbursement this Period
Reading	MA 01867-		20.40
Purpose of Disbursement Reimbursement for parking and travel			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		REIMBURSEMENT FOR PARKING AND TRAVEL
SUBTOTAL of Disbursements This Page (optional)			1250.19
TOTAL This Period (last page this line number only)			35109.49

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 28/38							
ITEMIZED DISBURSEMENTS	for each category of the	(check only	7 one) 7 22	☐ 24 ☐ 25 ☐ 26							
	Detailed Summary Page	27	28a 28b	28c 29 X 30b							
Any Information copied from such Reports and Statem											
or for commercial purposes, other than using the name	and address of any political co	ommittee to so	licit contributions fro	om such committee							
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee										
Wassachasetts Hepablican State Gongress	ional Committee										
Full Name (Last, First, Middle Initial)				70118.E9513							
Brian Dodge			Date of Disburse								
Mailing Address 10 Parker Road			0 1 1	1 2007							
	State Zip Code		Amount of Each	Disbursement this Period							
	MA 01834-			2028.39							
Purpose of Disbursement Payroll				2020.00							
Candidate Name		Category/									
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Office Sought: House Disburse Senate	ment For: Primary General		PAYROLL								
President	Other (specify)										
State: District:	•										
Full Name (Last, First, Middle Initial)				70131.E9528							
Brian Dodge			Date of Disburse								
Mailing Address 10 Parker Road			0 1 2	5 7 20077							
•	State Zip Code MA 01834-		Amount of Each	Disbursement this Period							
Purpose of Disbursement Payroll				2028.39							
Candidate Name		Category/									
000		Туре									
Office Sought: House Disburse Senate	ment For: Primary General		PAYROLL								
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) Bruce Harrison				70131.E9527							
Bruce Harrison			Date of Disburse								
Mailing Address 101 Elm St			0 1 0	8 7 2007							
	State Zip Code MA 01880-		Amount of Each	Disbursement this Period							
Purpose of Disbursement	I			1000.00							
Payroll-Administration Candidate Name											
Candidate Name		Category/ Type									
Office Sought: House Disburse	ment For:	71		MINICTRATION							
Senate	Primary General		FATRULL-ADI	MINISTRATION							
State: District:	Other (specify)										
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SUBTOTAL of Disbursements This Page (optional) .		<u>►</u>		5056.78							
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)										<u> </u>
	Massachusetts Republican State Congres	sional Committee									
•	Full Name (Last, First, Middle Initial) Ruth Rice					Date of	of Disb	urseme	70118.E ent		
	Mailing Address 30 Fernview Apt 1					0 ^M 1	M /	11	/ L	ž 0 ŏ 7	7 ^Y
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	Full Name (Last, First, Middle Initial) Mark Rowe					Date	of Disb	urseme	70118.E	9517	
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 31/38
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 X 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee	
Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street		Transaction ID: 70118.E9518 Date of Disbursement 0 1
City	State Zip Code MA 01867-	Amount of Each Disbursement this Period
Purpose of Disbursement Paryoll Candidate Name	l l	1236.59
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)	PARYOLL
Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street		Transaction ID: 70131.E9531 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SUBTOTAL of Disbursements This Page (optional)		2473.18
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TOTAL This Period (last page this line number only)	•	13243.34

State:

PAGE 32 / 38 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11232 2091.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2091.72 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11231 79.82 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 79.82 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS70215.E9545 1063.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1063.91 0.00 2091.72 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 33 / 38 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Debt for Direct Mail - party related non FEA SCM Associates Steve Meyers Mailing Address 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11228 3277.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3277.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11234 266.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 266.87 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11233 5665.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5665.04 9208.91 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 34 / 38 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11236 9891.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9891.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11238 0.00 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 475.83 0.00 475.83 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11237 9351.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9351.63 19719.29 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 35 / 38 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11267 1250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11268 1250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PΑ 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11269 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 3750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

Image# 29992207781 PAGE 36 / 38 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11271 1250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11273 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1250.00 0.00 1250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Garage Government Center Original debt for parking party related non fea Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** 02114-MA

1) SUBTOTALS This Period This Page (optional)					-	1	3	140	0.00)	
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Payment This Period

0.00

Transaction ID: LS90513.E11295

640.00

Outstanding Balance at Close of This Period

Outstanding Balance Beginning This Period

Amount Incurred This Period

0.00

640.00

PAGE 37 / 38 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 City State ZIP Code Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11281 2500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT SuppmindShift Technologies, Inc. ort party related non fea Mailing Address PO Box 200105 7IP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11283 0.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 1552.00 0.00 1552.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 ZIP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11279 100.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 100.80 4152.80 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

Image# 29992207783 PAGE 38 / 38 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 City State ZIP Code Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11278 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original Debt for FEA Get Out the Vote Mailing Communication, Inc. Majority Mailing Address 274 Marconi Blvd. Suite 260 ZIP Code State City Columbus ОН 43215-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11226 21000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 21000.00

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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶ 0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶ 65562.72